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| http://intranet.dcyf.wa.gov:8090/drupal-8.4.0/sites/default/files/graphics/DCYF-Logo-BW.jpg | LICENSING DIVISION (LD)  **Influenza Vaccination Agreement** | |
|  | | |
| **Agreement** | | |
| If you would like to care for medically fragile children or children under the age of 2, all household members (older than 6 months), including anyone meeting the definition of adults in the home, must receive and keep proof of the flu vaccine by October 31 each year.  If you or any household members cannot receive this immunization for medical reasons, a licensed healthcare provider must fill out the [Vaccine Exemption form](https://www.dcyf.wa.gov/forms?field_number_value=15-455&title=) (DCYF 15-455) indicating the immunization is contrary to your or the household member’s health.  I agree that, if I provide care for medically fragile children and/or children under the age of 2, every household member (including adults in the home) will receive and keep proof of the flu vaccine by October 31 each year.  OR  I agree that, if I provide care for medically fragile children and/or children under the age of 2, every household member (including adults in the home) will receive and keep proof of the flu vaccine by October 31 each year, except the following household member(s) as it is contrary to their health:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  For any household member(s) listed here, I will submit a [Vaccine Exemption form](https://www.dcyf.wa.gov/forms?field_number_value=15-455&title=) (DCYF 15-455) completed by a licensed healthcare provider before receiving placement of medically fragile children and/or children under the age of 2.  If you are having difficulty meeting this requirement, please discuss with your assigned licensing worker. | | |
| **Applicant Information** | | |
| APPLICANT A NAME | | DATE OF BIRTH |
| SIGNATURE | | DATE |
| APPLICANT B NAME | | DATE OF BIRTH |
| SIGNATURE | | DATE |